

A separate registration form must be filled out and submitted for each child



## Community Services 2015-2016 AFTER SCHOOL REGISTRATION FORM

Please check one of the following Community Centers and program:  
LOCATION: ☐ MARTIN LUTHER KING, JR. ☐ MAIDES PARK

Child's Name \_\_\_\_\_  
First Middle Last Preferred Name

Boy \_\_\_ Girl \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Name of Teacher \_\_\_\_\_ Teacher's school Extension \_\_\_\_\_

**TRANSPORTATION:** City provides transportation ONLY to the after school programs. Home drop off is not available. For safety reasons, we discourage students to walk home, however, when necessary, parents/guardians will be held accountable once a staff person signs them out.

**Please check one box for each question and sign where indicated.**

My child will be walking to the program on a regular basis. YES ☐ NO ☐

My child will be walking from the program on a regular basis. YES ☐ NO ☐

Parent/Guardian Signature: \_\_\_\_\_

**Please select the desired After School program below:**

Kindergarten \_\_\_\_\_ Grade 1-5 \_\_\_\_\_ Grade 6-8 \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Full names and ages of other children in your family who are or will be enrolled in program:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Other than the child's parents or guardian, who is authorized to pick up the child? Only persons over the age of 18, authorized in writing by the parent/guardian may pick up a child. Please note that a photo ID is required at time of pick up.

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Name: \_\_\_\_\_ Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

List any limitations to program activities: \_\_\_\_\_

Does child have or had allergies? Yes No If yes, please specify \_\_\_\_\_

Does child have or had seizures? Yes No If yes, please specify \_\_\_\_\_

Type of seizure \_\_\_\_\_ Frequency: \_\_\_\_\_

List any medications presently being taken by the child that are prescribed by a physician:

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ for \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name of medical insurance provider \_\_\_\_\_ Policy or other ID number \_\_\_\_\_

### **Emergency Notification**

Please identify persons to notify if the parent or guardian of the child cannot be contacted in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

### **PLEASE READ CAREFULLY BEFORE SIGNING**

I declare that the child is physically fit and has the skill level required for participating in the program activities. I further authorize medical treatment for the child, at my cost, if the need arises. In consideration of the child's participation, I hereby release and hold harmless the City, its agents, officers, employees and volunteers from and against any and all claims, demands, causes of action or other liability on account of damages arising out of the child's participation in the above programs, including but not limited to, riding in the City's vehicle. I have read and understand the above.

I further authorize the City of Wilmington and/or representatives of the news media or others authorized by the City to make photographs, films, videotapes and sound recordings of the child or conduct an interview with same, and use the photographs, films, videotapes, sound recordings and interviews in any form for their purposes. I consent that said photographs, film, videotapes, sound recordings and interviews may be copied, published, telecast or broadcast for such purposes as the City or such media and others see fit together with descriptions, copy and editorial statements.

All photographs, films, videotapes, sound recordings, interviews, including descriptions, copy and editorial comments, if any, shall be and remain the property of the City of Wilmington and/or the media company or others employed or authorized by the City. I waive any and all consideration, compensation or remuneration for the use of said photographs, films, videotapes, sound recordings and interviews, and I transfer and convey to the City or its authorized media company or others authorized by the City any rights I may have in and to same.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Adult (print name)

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Date

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# Parent/Child Behavior Expectations

**Program Hours:** Monday – Friday, 2:30 pm – 5:30 pm for K-8. Students must be picked up no later than 6PM unless participating in another activity. Children must be picked up promptly at the end of the activity. If a student has not been picked up after the program or club activity, the after school staff will try to contact parents and/or those individuals designated on the registration form. **Three** occurrences of late pick-up may lead to a dismissal from the program.

**Program Fees:** All fees are due no later than the 5<sup>th</sup> of each month. ***The child will be automatically dropped from the program if payment is not received by the 5<sup>th</sup> of the month.***

**Discipline:** ***Participation in the program is a privilege.*** A student must follow the rules of the program. A student will be required to sign a Personal Responsibility Contract within the first week of participation of which they will be given a copy. Parents/Guardians are requested to review this contract with their child(ren) and make certain they understand the expectations of the program. Disruptive or disrespectful behavior toward other students and/or program staff is reason for dismissal. We encourage parents/guardians to discuss concerns with the Recreation Supervisor.

**Responsibilities:** It is the students' responsibility to bring their homework to the program, the parent/guardian should make sure that they do, and review them when their child gets home everyday. Our staff will try to ensure students have completed their homework.

Students should arrive at the program immediately after school. The program will not be responsible for students who have not checked-in with the program immediately after school. Students seen hanging around the playground or any area within and near the Center instead of being in the program will be considered truant. Three (3) incidences truancy will be a reason for dismissal from the program.

It is important that we are able to contact parents/guardians when needed; therefore, it is the parent/guardian's responsibility to notify the after school program staff of any changes of addresses and telephone numbers.

**Parental Support:** Though our staff is trained and committed, parental support is needed to make the program the very best it can be. Parents/guardians are important partners in the program's success and are requested to attend parent orientations, help with field trips, events and activities, tutoring and other projects.

# Behavior Management Parent/Child

## Discipline and Behavior Management

*Praise and positive reinforcement are effective methods used in the behavior management of children. When children receive positive, non-threatening and understanding interactions from adults at home and in the community, they develop good self-esteem, self-discipline and problem solving abilities. Based on this belief on how children learn and develop values, City of Wilmington Community Center staff will practice behavior management techniques.*

To ensure program quality and safety of participants, certain guidelines must be established and enforced if the child steps out of these boundaries. A standard discipline procedure has been established so that all children will be treated fairly. If a child is involved in any behavior that disrupts program structure or affects the safety of participants, the following procedures will be initiated:

1. **Quiet reprimand/verbal counseling.**
2. **After repeated behavior problems, a first written incident report will be given to the parent.**
3. **Additional behavior problems will constitute a second written incident report given to parent and a 1-2 day suspension from the program.**
4. **If problems persist, a third written incident report constitutes that the participant will be asked to leave the program.**
5. **For severe offenses, such as but not limited to fighting, theft, profanity, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, by-passing the first four steps of this procedure.**

**NOTE:** Parents who are late picking their child(ren) up from the program will receive three written warnings. A fourth occurrence will result in the child(ren) being dismissed from the program.

***I have read and understand the above discipline/dismissal policy and agree to abide by it.***

Printed name of PARENT/GUARDIAN \_\_\_\_\_

Signature of PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_